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\*\* CONTINUING DATA \*\*\*\*\* *sl Note*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *sl Note*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY CT	SHEETS DRAWING 3	TOTAL CLAIMS 31	INDEPENDENT CLAIMS 1
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 32692  
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TITLE  
 METHOD OF GROUPING AND ANALYZING CLINICAL RISKS, AND SYSTEM THEREFOR

FILING FEE  RECEIVED 2680	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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